

SUMMER PARK PROGRAM
Participant Registration/Release Form

Date: _____

Name: _____
Last
First
M.I.

Date of Birth: _____ Age: _____

Address: _____ Zip Code: _____

Parent or Guardian's Name: _____

Email Address: _____

Daytime Phone: _____ Evening Phone: _____

Emergency Contact: _____ Phone Number: _____

What is your child's Ethnicity: **(You must choose one)**
 _____ Hispanic or Latino _____ Not Hispanic or Latino

What is your child's Race: **(You must choose one)**
 _____ American Indian/Alaska Native _____ Asian _____ Black or African American
 _____ Native Hawaiian or Pacific Islander _____ White _____ American Indian/Alaska Native & White
 _____ Asian & White _____ American Indian/Alaska Native & Black/African American
 _____ Black/African American & White
 _____ Race Combination not included in above categories – Specify _____

Please circle the number of people in your household and your yearly income level.

Family Size	<u>Gross Income</u>					
	1	2	3	4	5	6
1	\$11350	\$18900	\$30250	\$37800	\$47250	Above
2	\$12950	\$21600	\$34550	\$43200	\$54000	Above
3	\$14600	\$24300	\$38900	\$48600	\$60750	Above
4	\$16200	\$27000	\$43200	\$54000	\$67500	Above
5	\$17500	\$29150	\$46650	\$58300	\$72875	Above
6	\$18800	\$31300	\$50100	\$62600	\$78250	Above
7	\$20100	\$33500	\$53550	\$67000	\$83750	Above
8	\$21400	\$35650	\$57000	\$71300	\$89125	Above

Is Female Head of Household _____ YES _____ NO

To comply with requirements of funding sources this agency needs all clients to give us information on their income and family size in order to qualify for services. You must provide self-certification that the information you provide is true to the best of your knowledge. Additionally, if asked you will need to verify income and understand you may be asked to do this. All information is kept confidential for record keeping and reporting requirements. No information will be released without the written consent of the individual

"I certify that all information provided on this form is true to the best of my knowledge. I also understand that if asked I will provide verification of income."

Signature: _____

RELEASE STATEMENT

I, the undersigned, hereby agree to participate in the Bryan Parks and Recreation Department's Summer Park Program. I certify that, to the best of my knowledge, I am/or testify that the minor fore-mentioned is: physically fit and able to engage in the programmed activities. I agree to allow my child/children to use the transportation provided for Summer Park Program by the City of Bryan or the Bryan Independent School District (BISD).

I acknowledge that participation in this program involves some risk of injury or death, and I assume these risks. I release and discharge the City of Bryan/BISD, its officers, employees and agents from any and all claims, demands, causes of action and suits or liabilities which might arise from such participation (including, but not limited to acts or omissions constituting negligence, attorney's fees, medical and ambulance costs). I further agree that I will hold harmless, indemnify and defend the City of Bryan and its agents, officials and employees from any and all claims or causes of action for injuries or damages caused by the participant, whether in whole or in part, as a result of participation in this program.

I agree to indemnify and hold the City of Bryan/BISD and its employees harmless from any liability, loss, cost or expense that I may incur as a result of my child/children participating in any Summer Park Program activity. In case of an emergency, I give my permission for emergency medical treatment. This statement is also valid for any minors that I allow to participate. My signature acknowledges that I understand and agree to the above conditions.

I agree to release or waive any claim, which I may have or acquire individually or as a guardian for the participant because of the described program. I make these waivers and release's to legally bind myself, the participant, my executor, heirs and assigns to the fullest extent now and in the future.

I am of lawful age and legally competent to sign this agreement for and in behalf of the participant. I understand the terms and have signed this document as my own free act.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS RELEASE BY READING IT BEFORE I SIGNED IT.

Parent/Guardian Signature

Full Printed Name